

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107594930**

FILING DATE **SEP 29 2006**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2				0		
3				0		
4				0		
5				0		
6				0		
7				0		
8				0		
9						
10				0		
11				0		
12			1			
13				0		
14				0		
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48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	11	←		←
TOTAL CLAIMS			12			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						